## STATUS REPORT

Date: 1 July 1963

### Indispensable Records for Emergency Use

TO: Office of Records Management, National Archives and Records Service
General Services Administration, Washington 25, D. C.

FROM: Central Intelligence Agency
      (Department or Agency)              (Major Bureau or Office)

1. a. Location: (X) Special Records Depository or ( ) Key Field Office

    Classified Information
    (Room Number, street address)       (City and State)

    b. Have agency relocation officer and the security officer approved this
    location? Yes

    c. Have practical arrangements been completed for making the records available
    to agency personnel at the relocation site in case of emergency? Yes

    d. If reliance is placed on assembling duplicates now located in field offices,
    so indicate No. In such event officials names in paragraph 4 must be
    cognizant of plans.

2. Brief identification of records at each location: Records essential for
continuing Agency operations in an emergency. Additional information is
classified.

3. Has this selection of indispensable records been reviewed within the last
6 months in the light of determinations of essential functions in an emergency
and of protection of legal and other rights? Yes

4. Officials authorized to make records available within security regulations: STAT

    a. In Washington (two officials cognizant of plans)

                                                   STAT

    (Name)               (Name)
    2430 E Street NW       2430 E Street NW
    Washington, D. C.      Washington, D. C.      STAT
    (Business Address, phone no.)  (Business Address, phone no.)

                                                   STAT

    (Home Address, phone no.)    (Home Address, phone no.)    STAT

    b. Outside Washington (two officials at different locations cognizant of plans)

    (Classified Information)
    (Name)               (Name)         STAT

    (Business Address, phone no.)  (Business Address, phone no.)

    (Home Address, phone no.)    (Home Address, phone no.)

MORI/CDF

5.  Is your agency's program in full operation and now capable of meeting emergency requirement?  X Yes  ___No  (If answer is No, indicate factors causing delay, and estimated date of readiness on reverse side.)

6.  A copy of this report has been forwarded to the officials named in paragraph 4-b.

STAT

STAT

REPORTED BY: [                    ]        [            ]
                (Name and Title)            Code and Extension